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## APPLICANTS

Jane C. Hirsh, Wellesley, MA;

Kamal K. Midha, Hamilton, BERMUDA;

Mark Hirsh, Wellesley, MA; Whe-Yong Lo, Canton, MA;

\*\* CONTINUING DATA \*\*\*\*\* *yes*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *yes*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 1	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged  Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

## ADDRESS

23579

PATREA L. PABST

PABST PATENT GROUP LLP

400 COLONY SQUARE

SUITE 1200

ATLANTA, GA

30361

## TITLE

Pharmaceutical composition for both intraoral and oral administration

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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